



U.S. Department
of Transportation
**Federal Aviation
Administration**

Office of Airport Planning
and Programming

800 Independence Avenue, SW
Washington, DC 20591

Dear On-Demand Operator:

The Federal Aviation Administration has arranged for its annual Airport Activity Survey to be conducted by Booz Allen Hamilton, Inc. Data collected in this survey will be used by the Federal Aviation Administration to allocate Airport Improvement Program (AIP) funds to eligible airports. Your participation in this survey is critical to small airports that rely in part on these data to qualify for AIP funds.

The enclosed survey form (FAA Form 1800-31) requests data for the 12-month period January 1 through December 31, 2013. The revenue passenger enplanement data that are requested on the enclosed form should only include those enplanements not reported to the U.S. Department of Transportation, Office of Airline Information on the T-100 form. See the back of the enclosed survey for a detailed explanation of how it should be completed. A sample of a completed form is on the back of this letter.

Submission of this data is voluntary. Your cooperation in completing this survey and returning it by April 18, 2014 is important to the airports you serve.

If you have any questions or comments, please contact Ms. Sharon Glasgow at (202) 267-8739.

Sincerely,

Elliott Black
Deputy Director, Office of Airport
Planning and Programming

Enclosure

Paper Work Reduction Act

Submission of this form is voluntary. The purpose of this collection is to capture passenger enplanement data to be used to allocate Federal funds to eligible airports. The public reporting burden for this collection of information is estimated to average 1 hour and 30 minutes per response. Note: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION				FORM APPROVED	
AIRPORT ACTIVITY SURVEY (By Selected Operators)				OMB NO. 2120-0067	
TWELVE-MONTH PERIOD COVERED January 1 through December 31, 2013				FOR FAA USE ONLY	
DO NOT REPORT ACTIVITY PREVIOUSLY SUBMITTED ON BTS T-100 Form Operator Name and Address <div style="border: 1px solid black; width: 150px; height: 50px; margin: 10px auto; text-align: center; font-size: 24px; font-weight: bold;">SAMPLE</div> AIRWAY AIR TAXI, INC. HANSCOM AIRPORT - NORTH BEDFORD, MA 01730				Operator Identification	ABCD
				Year	2013
				Month	12
				AIR TAXI/COMMERCIAL CERTIFICATE NUMBER	
				ABCD1234	
				Page 1 of 1 Pages	
OPERATIONS DURING 12-MONTH PERIOD COVERED					
DEPARTURE AIRPORT				ENPLANEMENTS	
CITY	STATE	AIRPORT NAME	FAA Airport Location Identifier (LOCID)	NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions)	NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions)
Bedford	MA	Laurence G. Hanscom	BED	0	403
Lewiston	ME	Auburn-Lewiston Muni	LEW	0	86
Nantucket	MA	Nantucket Memorial	ACK	0	88
Concord	NH	Concord Muni	CON	0	16
Hartford	CT	Hartford-Brainerd	HFD	0	90
Bangor	ME	Bangor Intl	BGR	0	424
Burlington	VT	Burlington Int'l	BTB	0	239
Buffalo	NY	Greater Buffalo Int'l	BUF	0	10
CITY WHERE DEPARTING PASSENGERS BOARDED THE AIRCRAFT			FAA AIRPORT LOCATION IDENTIFIER		
NAME OF AIRPORT WHERE PASSENGERS BOARDED			ANNUAL TOTAL OF SCHEDULED REVENUE PASSENGER BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)		
			ANNUAL TOTAL OF CHARTER REVENUE PASSENGERS BOARDINGS AT EACH AIRPORT (SEE INSTRUCTIONS)		
I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief.					
DATE	TYPED NAME AND TITLE OF PREPARING OFFICIAL		SIGNATURE		
2/11/2014	John Smith, General Manager		<i>John Smith</i>		

U.S. DEPARTMENT OF TRANSPORTATION - FEDERAL AVIATION ADMINISTRATION AIRPORT ACTIVITY SURVEY (By Selected Operators)						FORM APPROVED OMB NO. 2120-0067	
TWELVE-MONTH PERIOD COVERED January 1 through December 31, 2013						FOR FAA USE ONLY	
DO NOT REPORT ACTIVITY PREVIOUSLY SUBMITTED TO U.S. DOT ON T-100 FORM Operator Name and Address							
						Year	
						Month	
						AIR TAXI/COMMERCIAL CERTIFICATE NUMBER	
Page of Pages							
OPERATIONS DURING 12-MONTH PERIOD COVERED							
DEPARTURE AIRPORT						ENPLANEMENTS	
CITY	STATE	AIRPORT NAME	FAA Airport Location Identifier (LOCID)	NUMBER OF SCHEDULED ENPLANEMENTS (See Instructions)	NUMBER OF NONSCHEDULED ENPLANEMENTS (See Instructions)		
I certify, under penalty of perjury, that the information provided in this Airport Activity Survey (Form 1800-31) is true and correct to the best of my knowledge, information and belief.							
DATE		TYPED NAME AND TITLE OF PREPARING OFFICIAL			SIGNATURE		

INSTRUCTIONS

The information requested on this form is voluntary, but it is needed for the FAA to fairly allocate Airport Improvement Program (AIP) passenger entitlement funds to the airports you serve.

This survey is restricted to on demand operations that are NOT reported to the U.S. Department of Transportation's Bureau of Transportation Statistics (BTS). Carriers not required to report to BTS because they conduct less than five round trips between two points should report revenue enplanements on this form.

Enplanements: An enplanement is a revenue passenger who boarded the aircraft at that airport. Report the total scheduled or nonscheduled enplanements conducted at each airport in a calendar year as one line record. If the number of lines required is more than those provided on the form, please reproduce it for continued entries.

Scheduled or Nonscheduled: The type of operation determines how enplanements are reported. If you conducted charter operations, enter the number of revenue passengers that boarded those flights as Nonscheduled Enplanements in the last column. If you conducted operations for which you offer in advance the departure location, departure time, and arrival location, enter the number of revenue passengers that boarded those flights in the Scheduled Enplanement column. If you conducted both scheduled and nonscheduled operations, enter the scheduled enplanements in scheduled column and the nonscheduled enplanements in nonscheduled column. Note that Part 135 on-demand certificates limit the number of scheduled passenger-carrying operations that may be conducted. These operations must be fewer than five round trips per week "on at least one route between two or more points according to published flight schedules," and must use "airplanes, other than turbojet powered airplanes, having a maximum passenger-seat configuration of 9 seats or less, excluding each crewmember seat, and a maximum payload capacity of 7,500 pounds or less." See 14 CFR 110.2 for more information.

By signing this form you certify, under penalty of perjury, that the information provided on this Airport Activity Survey Form (1800-31) is true, correct and complete to the best of your knowledge, information and belief. The certification represents that your files, records, documents, and data have not been manipulated or falsified in an effort to receive a more favorable allocation of AIP funds. A false or fictitious certification may be subject to criminal and/or civil prosecution, as well as appropriate administrative action.

When submitting the form with handwritten data, please make sure that the information is legible.

If you had no commercial or air taxi activity during the reporting period, please indicate this across the face of the form and return it in the self-addressed envelope provided.

If there are any questions regarding the completion of this form, please contact FAA Headquarters, National Planning & Environmental Division, telephone number 202-267-8739.

Sign and date FAA Form 1800-31 in the spaces provided, and mail it to:

Booz Allen Hamilton, Inc.
Room #4127
Attn: Federal Aviation Admin (FAA)
575 Herndon Parkway
Herndon, VA 20170

If you have completed the form (including signing and dating it) and wish to submit it electronically, you may email it to Sharon.Glasgow@faa.gov

If your name, address, or FAA Air Taxi/Commercial Operator Certificate Number is different from what is already printed on this form, please contact your local FAA Flight Standards District Office (FSDO) to correct the information.